

AUTO CR - LOG SUMMARY #1054674

TYPE: CR

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						F	WWH		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
07-JUN-2012 06:25 - 07-JUN-2012 06:25		2535	025	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	KAZIMIEROWSKI, MIKE			025 /	POLICE OFFICER	ON Duty	The complainant alleged that the accused officer did not properly respond to her call for assistance.
CPD Employee Accused	LAURIE, CHRISTOPH	5047		025 /	POLICE OFFICER	ON Duty	The complainant alleged that the accused officer did not properly respond to her call for assistance.
CPD Employee Accused	UNKNOWN,					ON Duty	The complainant alleged that the accused Department member failed to respond to her call for police assistance.

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Witness						F	WWH		
NON-CPD Witness						F	WWH		
NON-CPD Witness						F	WWH		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	INTERNET
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category List

Incident Category	Primary?	Initial?
10U - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) INADEQUATE / FAILURE TO PROVIDE SERVICE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
COTTER, THOMAS	Primary	DISTRICT/UNIT	25-JUL-2012	24-AUG-2012		2548
COTTER, THOMAS	Primary	DISTRICT/UNIT	25-JUN-2012	25-JUL-2012	25-JUL-2012	30

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/FINAL	30-NOV-2016 09:48	SCOTT, NIYA	PERSONAL COMP OPER 2	121 /	
PENDING REVIEW INCIDENT (I.A.D./DISTRICT USE)	06-AUG-2012 09:34	JOHNSON/WALKER, PATRICIA	SR DATA ENTRY OPR	121 /	
PENDING INVESTIGATION	25-JUL-2012 09:27	BRADY-RHODES, LEATHEIA	POLICE AGENT	121 /	 Type Changed from INFO to CR on 25-JUL-2012 09:27 by BRADY-RHODES, LEATHEIA
PENDING ASSIGN INVESTIGATOR	25-JUL-2012 09:26	BRADY-RHODES, LEATHEIA	POLICE AGENT	121 /	
PENDING INVESTIGATION	25-JUN-2012 08:34	KELLY, BERNETTE	SR DATA ENTRY OPR	121 /	
PENDING ASSIGN INVESTIGATOR	14-JUN-2012 10:13	CLARK, SUSAN	LIEUTENANT OF POLICE	121 /	
PENDING APPROVE TEAM	14-JUN-2012 07:50	DEL RIVERO, MINERVA	POLICE OFFICER	121 /	
PENDING ASSIGN TEAM	11-JUN-2012 07:45	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	11-JUN-2012 07:45	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	11-JUN-2012 07:43	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	11-JUN-2012 07:38	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	11-JUN-2012 07:15	DEAN, BRUCE	SUPERVISING INV COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					DEAN, BRUCE	11-JUN-2012 07:15			
	DOCUMENTS - INTAKE INCIDENT		4	1054674	N	DEAN, BRUCE	11-JUN-2012 07:30	APPROVED		

Review Incident

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 11-JUN-2012) - LOG #1054674

TYPE: CR

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
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Incident Details

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Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
10U - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) INADEQUATE / FAILURE TO PROVIDE SERVICE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	DISTRICT/UNIT	COTTER, THOMAS (PRIMARY INV)	25-JUL-2012 09:27	BRADY-RHODES, LEATHEIA	
IAD	DISTRICT/UNIT	COTTER, THOMAS (PRIMARY INV)	25-JUN-2012 08:34	KELLY, BERNETTE	
IAD	DISTRICT/UNIT	-	14-JUN-2012 07:50	DEL RIVERO, MINERVA	
IAD	INTERNAL AFFAIRS DIVISION	-	11-JUN-2012 19:15	DEAN, BRUCE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/FINAL	30-NOV-2016 09:48	SCOTT, NIYA	PERSONAL COMP OPER 2	121 /	
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COMPLAINT [REDACTED]

YOUR PERSONAL INFORMATION

Complaint ID [REDACTED]

Name [REDACTED]

Race [REDACTED]

Address [REDACTED]

Sex : FEMALE

Age : 36

Your contact information

Best time to contact : 05:00 PM

Primary Contact Phone Number : [REDACTED]

E-mail Address : [REDACTED]

Your injury information

Were you injured in this incident? NO

Please describe the injury :

Did you need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :

INFORMATION ABOUT THE INCIDENT

ON THURSDAY JULY 7, 2012 AT 6:25PM...I CALLED 911 TO REPORT AN INCIDENT THAT OCCURED AT THE RESIDENCE WHERE I RESIDE, INVOLVING A BUILDING RESIDENT AND A FORMER TENANT. THE FORMER TENANT'S WERE ASKED TO MOVE BECAUSE OF FAILING TO FOLLOW REGULATIONS SET FORTH BY THE PROPERTY OWNER. THE FORMER TENANT'S WERE ALSO PROHIBITED TO COME IN THE PROPERTY AT ANYTIME DUE TO THEIR NON-COOPERATION AND INVOLVEMENT WITH ILLEGAL ACTIVITIES. THE FORMER TENANT'S CAME TO THE PROPERTY VERY CONFRONTATIONAL, USING VULGER LANGUAGE, MAKING THREATS...DISTURBING THE PEACE, DUE THE FACT THAT THEY WANTED TO LOOK IN THE MAILBOX FOR SUPPOSED MAIL THAT WAS NOT EVEN THERE. IN THE PAST WE HAD PROBLEMS WITH THEM TAMPERING WITH OTHER RESIDENT'S MAIL, SO THEY WERE ASKED NICELY TO LEAVE...BUT IN THE PROCESS ONE OF THE FORMER

Description of the incident :

TENANT'S APPROACHED A FEMALE MINOR WHOM RESIDES IN THE BUILDING, PUSHED HER AND GOT INTO A FIGHT WITH. WHEN THE OFFICER'S ARRIVED AT THE SCENE..THEY WENT TO THE OTHER PARTY INSTEAD AND THEN CAME TO OUR RESIDENCE ASKING US BRIEFLY, THEN STATED TO TALK TO THE PROPERTY OWNER AND THAT THEY WEREN'T ISSUING A REPORT THEN LEFT THE SCENE, SO I CALLED 911 AT 6:47PM AGAIN AND ASKED FOR A SUPERVISOR. SUPERVISOR NEVER ARRIVED AND INSTEAD THE SAME OFFICER'S WERE DISPATCHED AGAIN. WHEN THEY ARRIVED...THEY ASKED WHY AND WHO CALLED AGAIN, THAT THE FORMER TENANT WAS ABLE TO COME IN THE PREMISES BECAUSE EVEN THOUGH THE PROPERTY IS GATED...THE OWNER ONLY HAS RIGHT TO THE BUILDING NOT INCLUDING THE GATED AREA. I EXPLAINED THAT THE PROPERTY ITSELF INCLUDES ALL THE GATED AREA, BOUNDERIES IN ITS BLUE-PRINT AND IN THE PURCHASE, THEREFORE THE PROPERTY OWNER DID NOT WANT THEM THERE. THEY DID NOT WANT TO MAKE THE REPORT UNTIL I TOLD THEM THEY WERE GOING TO REPORTED AND THAT I WAS GOING TO THE ALDERMAN'S OFFICE TO ALSO COMPLAINT ABOUT THEIR UNPROFESSIONAL SERVICE. THIS IS THE SECOND TIME THIS HAPPENS WITH OFFICER'S IN THIS AREA AND NOTHING WAS DONE THE FIRST TIME. THE BUILDING RESIDENT'S EACH HAVE A DISABILITY

Location of the incident**Street Number :****Building Name :****Location Description :****Apt No. :****Incident Date and Time****Date :** 06/07/2012**Time :** 06:25 PM**Evidence****Video Evidence :** NO**Audio Evidence :** NO

INFORMATION ABOUT THE POLICE OFFICERS**Police officer #1**

Last Name : KAZIMIEROWSKI First Name : Star No.. : 4251
Rank : OFFICER Assigned Unit : On Duty : YES
Sex : MALE Race : UNKNOWN
Officer Description : 6 FT, WHITE COMPLETED WITH AN ACCENT.
Police Vehicle Beat Number : Vehicle Number : License Plate :
Vehicle Description : POLICE SQUAD CAR

Police officer #2

Last Name : LAURIE First Name : Star No.. : 5047
Rank : OFFICER Assigned Unit : On Duty : YES
Sex : MALE Race : WHITE
Officer Description : 5 FT 6 IN, BLACK HAIR, WHITE COMPLETED.
Police Vehicle Beat Number : Vehicle Number : License Plate :
Vehicle Description :

INFORMATION ABOUT VICTIMS AND WITNESSES**Victim #1 personal information**

Last Name : [REDACTED] First Name : [REDACTED] Sex : FEMALE
Race : WHITE HISPANIC Age : 17 Contact:

Victim #1 injury information

Was the victim injured in this incident?: YES

Please describe the injury : MULTIPLE SCRATCHES IN BACK/KNECK, ARM/HAND AREA.

Did the victim need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :

Witness #2 personal information

Last Name : [REDACTED] First Name : [REDACTED] Sex : FEMALE
Race : WHITE HISPANIC Age : 53 Contact: [REDACTED]

Witness #2 injury information

Was the witness injured in this incident? NO

Please describe the injury :

Did the witness need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment:

Witness #3 personal information

Last Name : [REDACTED]
Race : WHITE HISPANIC

First Name : [REDACTED]
Age : 32

Sex : FEMALE
Contact: [REDACTED]

Witness #3 injury information

Was the witness injured in this incident?: NO

Please describe the injury :
Did the witness need medical attention?: NO

Hospital/Medical Center :

Please describe the medical treatment:

Witness #4 personal information

Last Name : [REDACTED]
Race : WHITE HISPANIC

First Name : [REDACTED]
Age : 36

Sex : FEMALE
Contact: [REDACTED]

Witness #4 injury information

Was the witness injured in this incident?: NO

Please describe the injury :
Did the witness need medical attention?: NO

Hospital/Medical Center :

Please describe the medical treatment: